

Filing at a Glance

Company: Markel American Insurance Company

Product Name: Motorcycle/Recreational Vehicle SERFF Tr Num: MRKA-125219048 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025249

Sub-TOI: 19.0002 Motorcycle

Co Tr Num: ARRECF-071

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi

Author: Angel Wunrow

Disposition Date: 07-02-2007

Date Submitted: 06-27-2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07-02-2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: Arkansas Rejection Form Filing

Status of Filing in Domicile: Not Filed

Project Number: ARRECF-071

Domicile Status Comments:

Reference Organization: none

Reference Number: none

Reference Title: none

Advisory Org. Circular: none

Filing Status Changed: 07-02-2007

State Status Changed: 06-28-2007

Deemer Date:

Corresponding Filing Tracking Number: none

Filing Description:

We enclose revised Underinsured Motorists Bodily Injury Coverage - Arkansas Selection/Rejection Form, RJ632AR-0707, which was revised to correct a typographical error. As this form does not have a rate impact and provides clarity to insureds, we request to the department's approval date as an effective date. A revised Forms Listing is enclosed to reflect this change.

Company and Contact

Filing Contact Information

Angel Wunrow, Regulatory Compliance
Specialist

awunrow@markelcorp.com

P.O. Box 906

(800) 236-2862 [Phone]

Pewaukee, WI 53072-0906

(262) 548-9790[FAX]

Filing Company Information

Markel American Insurance Company

CoCode: 28932

State of Domicile: Virginia

P.O. Box 906

Group Code: 785

Company Type: Insurance

Company

N14 W23800

Created by SERFF on 07-02-2007 01:10 PM

Pewaukee, WI 53072-0906
(800) 236-2862 ext. [Phone]

Group Name:
FEIN Number: 54-1398877

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 form filing fee.
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1000092390	\$50.00	06-25-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07-02-2007	07-02-2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Check Delay	Note To Reviewer	Angel Wunrow	06-29-2007	06-29-2007

Disposition

Disposition Date: 07-02-2007

Effective Date (New): 07-02-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Arkansas Forms Listing	Approved	Yes
Form	Underinsured Motorists Bodily Injury Coverage - Arkansas Selection/Rejection Form	Approved	Yes

Note To Reviewer

Created By:

Angel Wunrow on 06-29-2007 10:25 AM

Subject:

Check Delay

Comments:

Dear Sir or Madam -

It was discovered today that I inadvertently sent the incorrect check to your department for this filing. Check number 1000092390 in the amount of \$50 was sent to your office on June 27, but was addressed to "the Vermont Dept. of Banking" rather than the "State Insurance Department Trust Fund".

The correct check #1000092383 in the amount of \$50 has been sent via standard mail as of today's date. I apologize for the inconvenience. Please let me know if you have any additional questions.

Best Regards,

Ms. Angel Wunrow

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Underinsured Motorists Bodily Injury Coverage - Arkansas Selection/Rejection on Form	RJ632AR-0707		Election/Re Replaced jection/Sup plemental Application s	RJ632AR-0804	0.00	RJ632AR-0707.pdf



MARKEL AMERICAN INSURANCE COMPANY

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE ARKANSAS SELECTION/REJECTION FORM

The laws of your state require that Underinsured Motorists Coverage be included in all policies containing motorcycle liability insurance coverage, unless specifically rejected by you in writing.

Under the Arkansas Insurance Laws (Section 23-89-209), as amended, Underinsured Motorists Bodily Injury Coverage is available if you have also purchased Uninsured Motorists Bodily Injury Coverage. This coverage enables you, the named insured, to recover from your own insurance company, the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle. However, coverage shall not be reduced by the other party's insurance coverage except to the extent that the injured party would receive compensation in excess of his/her damages.

If you have rejected Uninsured Motorists Bodily Injury Coverage you are not eligible for Underinsured Motorists Bodily Injury Coverage.

In accordance with my state's insurance laws, I have read and understand this notice and:

- ☐ Select Underinsured Motorists Bodily Injury coverage with limits equal to my Uninsured Motorists Bodily Injury coverage limits for the additional premium charged.
- ☐ Reject Underinsured Motorists Bodily Injury Coverage in its entirety.

I understand and agree that I personally have made the above selection after being made aware of my choices as described above. I understand and agree that the selection made will be applicable to the vehicles described in the policy and any substitute or replacement vehicles, as well as all future renewals until I make a written request for a change in coverage from the above selection.

Name of Insured (Print)

Policy Number

Signature of Insured

Date

WARNING: You MUST complete this form if you have purchased Uninsured Motorists Bodily Injury Coverage. If you: a) check more than one box; b) do not check any box; or c) fail to return this form, your policy will be endorsed with Underinsured Motorists Bodily Injury coverage with limits equal to your state's Financial Responsibility limits, for the additional premium charged.

If you have not purchased Uninsured Motorists Bodily Injury coverage, please complete and return the separate selection/rejection form for that coverage.

If you fail to return the selection/rejection forms for either Uninsured Motorists coverage or Underinsured Motorists coverage, your policy will be endorsed with Uninsured Motorists coverage and Underinsured Motorists coverage with limits equal to your state's Financial Responsibility limits, for the additional premium charged.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-02-2007
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Comments:
Please see General Information Tab and Form Schedule tab.

Satisfied -Name:	Arkansas Forms Listing	Review Status: Approved	07-02-2007
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Comments:

Attachment:
2007 AR Forms Listing.pdf

Motorcycle & Recreational Vehicle Forms Listing

Form Name	Form Number	Usage	Mandatory/Optional
Declarations Page	MT4000-1095	Restricts	Mandatory
Policy Provisions	MT4001-1095	Restricts	Mandatory
Towing Coverage	MT4005-1095	Broadens	Optional
Agreed Value Endorsement	MT4006-1095	Broadens	Optional
Recreational Vehicle Endorsement	MT4007-0599	Broadens	Optional
Escort Service Endorsement	MT4089-1095	Broadens	Optional
Volunteer Community Service Endorsement	MT4090-1095	Broadens	Optional
Amendatory Endorsement	MT4108-1095	Restricts	Mandatory
Underinsured Motorist Endorsement	MT4109-1095	Broadens	Optional
Uninsured Motorist Endorsement	MT4110-1095	Broadens	Optional
Personal Injury Protection	MT4111-1095	Broadens	Optional
Additional Insured Endorsement	MT4121-0497	Broadens	Optional
Funeral Expense Coverage Endorsement	MT4148-0306	Broadens	Optional
Mechanical Breakdown Coverage Endorsement	MT4160-0806	Broadens	Optional
Uninsured Motorists Coverage Arkansas Selection/Rejection Form	RJ630AR-0804	Clarifies	Optional
Underinsured Motorists Bodily Injury Coverage Arkansas Selection/Rejection Form	RJ632AR-0707	Clarifies	Optional
Personal Injury Protection Coverages Rejection Form	RJPIPAR-0804	Clarifies	Optional